

**SPEAKERS' BUREAU EVENT REQUEST**

**INSTRUCTIONS—Please read before completing:** To submit a request for a Board of Equalization (BOE) speaker, expo staff, or foreign delegation visit, you must enter information in all the fillable fields. Once you finish click on the **SUBMIT** button at the bottom of this form. An email will automatically open addressed to **BOE's Speakers' Bureau** with your completed form. Before you send, make sure the information you provided is accurate. Add any additional attachments to the email. If you have any questions, please contact the BOE's Speakers' Bureau at 1-916-552-9092, or email [EADSPKBR@boe.ca.gov](mailto:EADSPKBR@boe.ca.gov).

**SECTION I**

NAME OF REQUESTING ORGANIZATION		REQUESTER'S NAME	REQUESTER'S TELEPHONE NUMBER (     )
REQUESTER'S FAX NUMBER (     )	REQUESTER'S EMAIL ADDRESS		REQUESTER'S WEB ADDRESS
REQUESTING ORGANIZATION IS? (choose from drop down menu)		TYPE OF REQUEST (choose from drop down menu)	
PRESENTATION TOPIC			
LENGTH OF PRESENTATION		NUMBER OF PRESENTERS EXPECTED TO ADDRESS THE AUDIENCE (for example, panel discussion, individual speaker, etc.)	

Is a bilingual speaker(s) needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST THE LANGUAGE(S) TO BE SPOKEN AT THIS EVENT (if other than English)
Are you requesting a specific speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPEAKER'S NAME

**SECTION II**

EVENT NAME	EVENT DATE	EVENT TIME	EVENT TYPE (for example, seminar, conference, etc.)
EVENT LOCATION	TARGET AUDIENCE/MAXIMUM CAPACITY		EXPECTED NUMBER OF ATTENDEES
Event is: (choose from drop down menu)		(describe)	

IF EVENT IS OPEN TO THE GENERAL PUBLIC, PROVIDE CONTACT NAME AND TELEPHONE NUMBER, OR LINK FOR ADDITIONAL INFORMATION

Is the event for-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a fee to attend this event? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, enter amount here \$
Is there a cost to the BOE to attend this event? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, enter amount here \$	
Please describe what the cost/fee is for (for example, expo table, registration, etc.)	
Did you attach an event flyer and/or other event information? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an RSVP required to attend this event? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE LIST PARTICIPATING ORGANIZATIONS AND A REGISTRATION LINK (if available)

Is exhibitor registration required for the BOE? ☐ Yes ☐ No Please attach available fliers or other registration materials.**SECTION III (BOE STAFF ONLY)**

PUBLICATIONS REQUEST CHECK LIST

- ☐ No publications requested      ☐ Standard business publication requested (contact Speakers' Bureau with questions)
- ☐ Standard business publications AND specific publication requested (please list desired publications)
- ☐ Specific publications requested (please list desired publications)

**SIGNATURES FOR APPROVAL (BOE USE ONLY)**

SIGNATURE OF OUTREACH SERVICES DIVISION CHIEF	
SIGNATURE OF DISTRICT ADMINISTRATION	
SIGNATURE OF ASSISTANT CHIEF OF FIELD OPERATIONS	
<b>FOR-PROFIT EVENTS (ADDITIONAL SIGNATURES REQUIRED)</b>	
SIGNATURE OF CHIEF COUNSEL	
SIGNATURE OF EXECUTIVE DIRECTOR	